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KÆXXKKXMばᢧæmäkxkxx Leonard Bloom & Associates, LLC 1%ች፟ችXXF#HXXXKXKM&XX¼KXXXXXXXXXXXXXXXXXXXXXXXXXXXX						(Depositor's name)	
·	PAP	A		October 2	<u>v Pickl</u> 28,1999	(Signature) (Date)	
APPLICATION NO.	FILING DATE	TOTALCLAIM	s		GROUP ART UNIT	DATE MAILED	
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First Named Applicant MCDERMOTT,	<del></del>	35 Ú	SC 154(	b) term ex	t. = 0	Days.	
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ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN, TYP	E SMALL ENT	ITY FEE DUE	DATE DUE	
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.  2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filling an assignment.  (A) NAME OF ASSIGNEE							
(B) RESIDENCE: (CITY & STATE OR COUNTRY)  Please check the appropriate assignee category indicated below (will not be printed on the patent)  □ Individual □ corporation or other private group entity □ government				DEPOSIT ACCO	4b. The following fees or deficiency in these fees should be charged to:  DEPOSIT ACCOUNT NUMBER		
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